

From the Chief Medical Officer
Dr Michael McBride



Department of
**Health, Social Services
and Public Safety**

An Roinn

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

HSS(MD)8-2007

Chief Executives, HSS Boards/Trusts
Directors of Public Health, HSS Boards
Director of Nursing, HSS Boards
Directors of Pharmaceutical Services, HSS Boards/Trusts/CSA
Directors of Primary Care, HSS Boards
GP Medical Advisers, HSS Boards
Consultants in Communicable Disease Control, HSS Boards
All Community Pharmacists
Medical Directors, HSS Trusts (*for onward distribution to all
Consultants, Occupational Health Physicians*)
Nursing Directors, HSS Trusts (*for onward distribution to all
Community Nurses*)
All General Practitioners (*for onward distribution to practice
staff including practice nurses*)
Regional Epidemiologists, CDSC (NI)
Occupational Health Physicians

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Your Ref:

Our Ref: HSS(MD)8-2007

Date: 3 April 2007

Dear Colleague

INFLUENZA IMMUNISATION PROGRAMME FOR 2007/2008

1. We are writing to thank you for your dedication and hard work in delivering the Seasonal Influenza Vaccination Programme in 2006/07 and to give you preliminary information about the 2007/2008 programme.

Seasonal Influenza Immunisation Programme 2006/2007

2. The Influenza Immunisation Programme is now one of the biggest public health programmes in the United Kingdom and Northern Ireland has consistently achieved very high uptake rates in the target groups. During the 2006/07 season there were delays in delivery of influenza vaccine across the UK, however Northern Ireland was not unduly affected by this as DHSSPS has unique contractual arrangements with vaccine manufacturers. Owing to the considerable hard work of Primary Care Teams and the support of Trust staff, immunisation uptake rates for influenza immunisation remain high. The preliminary uptake rates indicate that 75.12% of those aged 65 and over availed of the vaccine and uptake rate in the under 65s at risk was 71.2%.

Arrangements for the 2007/08 Programme

Vaccine Supply

3. During 2006/07 the Department had firm contracts in place with 3 separate vaccine manufacturers who delivered vaccine supply for the Northern Ireland market on time. We have similar contracts in place for this year and we currently do not anticipate any problems with vaccine supply. The Health Protection Team in DHSSPS will issue further guidance in due course on the arrangements for ordering of vaccine which will be similar to last year.

Target Groups for Seasonal Flu Vaccine

4. As in previous years the National policy is that flu vaccine should be offered to the following groups:
 - (i) All those aged 65 years and over.
 - (ii) All those aged 6 months or over in a clinical risk group.
 - (iii) Those living in long stay residential care homes or other long stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality (this does not include prisons, young offender institutes, university halls of residents, etc.)
 - (iv) Those who are in receipt of a carers allowance, or those who are the main carer for an elderly or disabled person whose welfare may be at risk if a carer falls ill. This should be given on an individual basis at the GPs discretion in the context of other clinical risk groups in their practice.
5. As well as offering flu vaccine to people in the clinical risk groups set out in Annex 1, GPs should take into account the risk of influenza infection exacerbating any underlying disease that the patient may have as well as the risk of serious illness from influenza itself. GPs should consider on an individual basis the clinical needs of their patients including:
 - (i) Individuals with Multiple Sclerosis and related conditions or
 - (ii) Hereditary and degenerative diseases of the central nervous system.
6. As detailed in the Green Book - *Immunisation Against Infectious Disease 2006* (page 193) pregnant women with existing risk factors should routinely be offered seasonal flu vaccination regardless of the stage of pregnancy.

Poultry Workers

7. During 2006/07 poultry workers were immunised through a separate programme outside of the seasonal influenza programme. A similar arrangement will apply during 2007/08.

Vaccine Update Targets

8. The DHSSPS targets for 2007/08 have been maintained at 70% for patients aged 65 years and over and 60% for patients in the clinical at risk groups each under 65 years (see Annex 1).

Regional Influenza Immunisation Working Group

9. The Working Group will meet soon to discuss the operational arrangements for delivery of the 2007/08 programme. This will include discussions around monitoring uptake, publicity and information materials and other issues. Further information on the programme will issue after that meeting.

Monitoring Safety

10. If a doctor, nurse, pharmacist suspects that any adverse reaction to one of the influenza vaccines has occurred it should be report to the Commission in Human Medicines (CHM) using the yellow card spontaneous reporting scheme www.yellowcard.gov.uk

Influenza Immunisation for Health and Social Care Staff

11. As in previous years, HPSS organisations should offer influenza immunisation to employees directly involved in patient care.
12. Social care organisations should consider similar action, especially for staff in nursing and care homes who look after older people.
13. Influenza immunisation is highly effective in preventing influenza in working- age adults. In addition, influenza immunisation of staff may reduce the transmission of influenza to vulnerable patients, some of whom may have impaired immunity and thus reduced protection from any influenza vaccine they have received themselves.
14. Responsibility for occupational influenza immunisation rests with employers and it should be provided through occupational health services. Trusts/employers should determine their own programmes and fund the immunisation of their staff.
 - Staff should not be asked to go to their GP for their immunisation unless they fall within one of the recommended high-risk groups, or GPs have been contracted specifically by a Board or Trust to provide this service.
15. Occupational health services are recommended to keep records of staff who have been immunised.

Influenza Vaccine Composition for 2007/2008

16. Flu vaccine strains are recommended by the World Health Organisation (WHO) following careful mapping of flu viruses as they move around the world. This monitoring is continuous and allows experts to make predictions of which strains are most likely to cause influenza outbreaks in the northern hemisphere in the coming winter.

17. The World Health Organisation (WHO) recommends flu vaccine strains based on careful mapping of flu viruses as they move around the world. This monitoring is continuous and allows experts to make predictions of which strains are most likely to cause influenza outbreaks in the northern hemisphere in the coming winter.

18. The strains of influenza virus recommended by WHO to be used in the 2007/2008 season (northern hemisphere winter) are:

- an A/Solomon Islands/3/2006(H1N1)-like virus
- an A/Wisconsin/67/2005 (H3N2)-like virus
- a B/Malaysia/2506/2004-like virus

19. Candidate viruses include:

- An A/Wisconsin/67/2005(H3N2) and A/Hiroshima/52/2005

Funding and Contractual Arrangements

20. Funding and contractual arrangements are still to be finalised. A separate letter with further details will be sent out in due course.

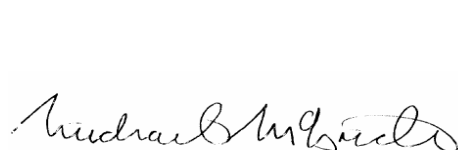
21. If you would like any further information on the above please contact:

Medical contact - Dr Lorraine Doherty, lorraine.doherty@dhsspsni.gov.uk

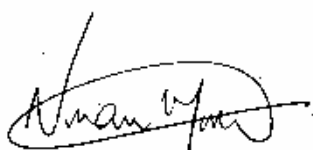
Nursing contact – Martin Bradley, martin.bradley@dhsspsni.gov.uk

Pharmacy contact – Dr Norman Morrow, norman.morrow@dhsspsni.gov.uk

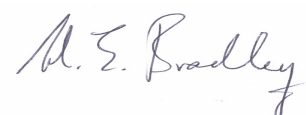
Yours sincerely



Dr M McBride
Chief Medical Officer



Dr N Morrow
Chief Pharmaceutical Officer



Mr M Bradley
Chief Nursing Officer

CLINICAL RISK GROUPS 2007/2008

Clinical Risk Category	Examples (decision based on clinical judgement)
Chronic respiratory disease and asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission	<ul style="list-style-type: none"> • Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BDD) • Children who have previously been admitted to hospital for lower respiratory tract disease
Chronic heart disease	<ul style="list-style-type: none"> • Congenital heart disease • Hypertension with cardiac complications • Chronic heart failure • Individuals requiring regular medication and/or follow-up for ischaemic heart disease
Chronic renal disease	<ul style="list-style-type: none"> • Chronic renal failure • Nephrotic syndrome • Renal transplantation
Chronic liver disease	<ul style="list-style-type: none"> • Cirrhosis • Biliary Artesia • Chronic hepatitis
Chronic neurological disease	<ul style="list-style-type: none"> • Stroke • Transient ischaemic attach (TIA)
Diabetes	<ul style="list-style-type: none"> • Type 1 diabetes • Type 2 diabetes requiring insulin or oral hypoglycaemic drugs • Diet controlled diabetes
Immunosuppression	<ul style="list-style-type: none"> • Immunosuppression due to disease or treatment • Patients undergoing chemotherapy leading to immunosuppression • Asplenia or splenic dysfunction • HIV infection • Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20mgs or more per day (any age) or for children under 20 Kgs a dose of 1mg or more per kg per day • Some immunocompromised patients may have a suboptimal immunological response to the vaccine.